

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11			/				61						
12							62						
13							63						
14							64						
15							65						
16							66						
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18							68						
19			/				69						
20							70						
21			/				71						
22							72						
23							73						
24			/				74						
25							75						
26							76						
27			/				77						
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37							87						
38							88						
39							89						
40			/				90						
41							91						
42							92						
43							93						
44							94						
45							95						
46			/				96						
47							97						
48			/				98						
49							99						
50							100						
TOTAL IND.	/		9				TOTAL IND.						
TOTAL DEP.	/		50				TOTAL DEP.						
TOTAL CLAIMS	/		49				TOTAL CLAIMS						